

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Minnesota House DFL Caucus

ADDRESS (number and street) ▼

255 East Plato Blvd.

☐ Check if different than previously reported. (ACC)

Saint Paul

MN

55107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00361139

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

MN

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rep. Steve Simon Treasurer

Signature of Treasurer

Rep. Steve Simon Treasurer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Minnesota House DFL Caucus

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">13746.32</td></tr></table>	13746.32				
Y	Y	Y	Y	Y													
2012																	
13746.32																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">15696.32</td></tr></table>	15696.32															
15696.32																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">15795.00</td></tr></table>	15795.00					<table><tr><td colspan="5">35795.00</td></tr></table>	35795.00									
15795.00																	
35795.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">31491.32</td></tr></table>	31491.32					<table><tr><td colspan="5">49541.32</td></tr></table>	49541.32									
31491.32																	
49541.32																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">10503.73</td></tr></table>	10503.73					<table><tr><td colspan="5">28053.73</td></tr></table>	28053.73									
10503.73																	
28053.73																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">20987.59</td></tr></table>	20987.59					<table><tr><td colspan="5">21487.59</td></tr></table>	21487.59									
20987.59																	
21487.59																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">56025.63</td></tr></table>	56025.63															
56025.63																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Minnesota House DFL Caucus

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

700.00

1450.00

(ii) Unitemized .....

11345.00

17595.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

12045.00

19045.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

3750.00

16750.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

15795.00

35795.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

15795.00

35795.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

15795.00

35795.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	503.73	903.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	503.73	903.73
22. Transfers to Affiliated/Other Party Committees.....	5000.00	22000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5150.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5150.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10503.73	28053.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10503.73	28053.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15795.00	35795.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10795.00	30645.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	503.73	903.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	503.73	903.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

Full Name (Last, First, Middle Initial)

A. John McNamara

Mailing Address 1002 Lakewood Dr S

City

Saint Paul

State

MN

Zip Code

55119-5961

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Of St. Paul

Occupation

Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2012

Transaction ID : C2925453

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Doug Stang

Mailing Address 18784 86th PI N

City

Maple Grove

State

MN

Zip Code

55311-1692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

3M

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

Transaction ID : C2933556

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

Full Name (Last, First, Middle Initial)

## **A. EVERYBODY COUNTS EVERYBODY MATTERS PAC**

Mailing Address PO BOX 6072

City State Zip Code  
MINNEAPOLIS MN 55406

FEC ID number of contributing  
federal political committee.

C C00509174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 22 2012

Transaction ID : C2924424

Amount of Each Receipt this Period

2500.00

## **B. SATELLITE BROADCASTING AND COMMUNICATIONS ASSOCIATION OF AMERICA INC PAC AKA SKYPAC**

Mailing Address 1100 17TH NW  
SUITE 1150

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

C C00468470

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 25 2012

Transaction ID : C2926399

Amount of Each Receipt this Period

250.00

## **C. THE HARTFORD ADVOCATES FUND**

Mailing Address ONE HARTFORD PLAZA

City State Zip Code  
HARTFORD CT 06155

FEC ID number of contributing  
federal political committee.

C C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 25 2012

Transaction ID : C2926437

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3750.00

**TOTAL** This Period (last page this line number only)..... ►

3750.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# Minnesota House DFL Caucus

### A. Bankcard Merchant Services

Date of Disbursement

Transaction ID : D183929

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

355.53

## B. Bankcard Merchant Services

Date of Disbursement

Transaction ID : D183930

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

129.00

**C.**

Date of Disbursement

Amount of Each Disbursement this Period


Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

484.53

484.53



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Minnesota House DFL Caucus**

Full Name (Last, First, Middle Initial)

## **A. Minnesota DFL - Federal**

Mailing Address 255 East Plato Blvd

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : D180828**

Amount of Each Disbursement this Period

5000.00

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

	21b		22		23		24		25		26
	27		28a		28b	X	28c		29		30b

# Minnesota House DFL Caucus

#### A. Midwest Values PAC - Federal

Mailing Address Midwest Values Pac - Federal  
Po Box 583232

City	State	Zip Code
Minneapolis	MN	55458-3232

Purpose of Disbursement	Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : D180273

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 16

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

15350.00

Transaction ID : D1120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

1428.20

Transaction ID : D1122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1428.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City

State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

634.52

Transaction ID : D1123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

634.52

1) SUBTOTALS This Period This Page (optional)..... ►

17412.72

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

1041.80

Transaction ID : D1125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1041.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

27.00

Transaction ID : D1134

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City

State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

3353.35

Transaction ID : D1215

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3353.35

1) SUBTOTALS This Period This Page (optional)..... ►

4422.15

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

3400.85

Transaction ID : D1216

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3400.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

3438.55

Transaction ID : D1217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3438.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City

State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

159.86

Transaction ID : D1218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

159.86

1) SUBTOTALS This Period This Page (optional)..... ►

6999.26

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 16

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

4670.40

Transaction ID : D1219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4670.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

5747.65

Transaction ID : D1220

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5747.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City

State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

3028.75

Transaction ID : D1221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3028.75

1) SUBTOTALS This Period This Page (optional)..... ►

13446.80

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 16

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):

Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

5637.40

Transaction ID : D1222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5637.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):

Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

2685.30

Transaction ID : D1223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2685.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):

Generic Fundraising

Mailing Address 131 West Wilson St

City

State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

2971.80

Transaction ID : D1224

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2971.80

1) **SUBTOTALS** This Period This Page (optional)..... ►

11294.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota House DFL Caucus

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Benjamin Group

Nature of Debt (Purpose):  
Generic Fundraising

Mailing Address 131 West Wilson St

City State

Zip Code

Madison

WI

53703

Outstanding Balance Beginning This Period

2450.20

Transaction ID : D1225

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2450.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

2450.20

2) **TOTALS** This Period (last page this line number only)..... ►

56025.63

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

56025.63